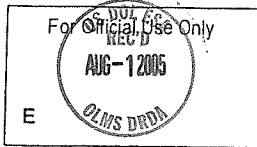


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4322</u>	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name <u>PATRICK J. FALEY</u> P.O. Box, Bldg., Room No., if any Street <u>521 ILLINI DRIVE</u> City <u>EAST PEORIA</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>61611-1830</u>	4. Name, file number, and address of labor organization. Name <u>STEAMFITTERS LOCAL 353</u> Labor Organization File Number <u>LM045-512</u> P.O. Box, Building and Room Number, if any Street <u>6304 W. DEVELOPMENT DRIVE</u> City <u>PEORIA</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>61604</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Patrick J. Faley

On 7-13-05 1-309-633-1271
Date Telephone Number

Name of Person Filing	PATRICK FALEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SAMCO ADMINISTRATION</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 400 NE JEFFERSON STE. 180 Street</p> <p>City PEORIA IL 61603</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name STEAMFITTERS LOCAL 353</p> <p>Trade Name, if any: EDUCATIONAL TRUST FUND</p> <p>P.O. Box, Bldg., Room No., if any 400 NE Jefferson Ste. 180 Street</p> <p>City PEORIA</p> <p>State Illinois ZIP Code + 4 61603</p>	<p>11.a. Nature of such dealing.</p> <p>North American Pipe Trades Convention Hollywood FL Training Coordinator Conference and Training. Airfare, Car Rental, Meals and Lodging.</p> <p>11.b. Approximate dollar value of such dealing. \$2,246.41</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	PATRICK FALEY	File Number U-
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8. Name and address of Business (including trade name, if any).

Name SAMCO ADMINISTRATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 400 NE JEFFERSON
STE. 180
Street

City PEORIA IL 61603

State : ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name STEAMFITTERS LOCAL 353

Trade Name, if any: EDUCATIONAL TRUST FUND

P.O. Box, Bldg., Room No., if any 400 NE Jefferson
Ste. 180
Street

City PEORIA

State Illinois ZIP Code + 4 61603

11.a. Nature of such dealing.

Apprenticeship Contest
C.O.T.E-State of Illinois

11.b. Approximate dollar value of such dealing. \$289.92

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	PATRICK FALEY	File Number U-
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Ste. 180
Street

City PEORIA

State Illinois ZIP Code + 4 61603

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Mileage reimbursement at 36.5 cent per mile for using personal vehicle for transportation for delivering weld tests, C.O.T.E meetings and training

12.b. Amount. \$389.87

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing PATRICK FALEY	File Number U-
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name STEAMFITTERS LOCAL 353</p> <p>Trade Name, if any: EDUCATIONAL TRUST FUND</p> <p>P.O. Box, Bldg., Room No., if any 400 NE Jefferson Ste. 180 Street</p> <p>City PEORIA</p> <p>State Illinois ZIP Code + 4 61603</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p style="margin-left: 40px;">Training Codinator's Salary</p> <p style="margin-left: 40px;">For year ending 12/31/04</p>
	<p>12.b. Amount. \$74,030.40</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>